



APPLICATION FOR SEASONAL EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly in black or blue ink. All areas must be completed.

Applicant Personal Data:

Name (first, last, middle initial): _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY) _____ Are you eligible to work in the US? (y/n) _____

Telephone: () _____ Other Telephone: () _____

Social Security Number: _____ - _____ - _____

The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory, and this form cannot be processed without it.

Highest Grade Completed: 9 10 11 12 GED

Office Use Only: ISP____ INSOR____ BMV____
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College/University/Technical School/Other: _____

Have you previously work for the Fair? (y/n) _____ Department _____

Have you been convicted of a crime, other than a minor traffic violation? (y/n) _____

If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet

If you are licensed to drive, please indicate the type of license:

____ Private ____ Chauffeur ____ Public Passenger ____ Commercial (CDL)

Work History

Dates of Employment: From _____ To _____

Company: _____ Job Title: _____

Phone Number: _____ Supervisor: _____

Responsibilities: _____

If necessary, please attach an additional sheet

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The following information is requested in order to ensure equal opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process. (Continued on back)

Race (check one): ☐ **White** ☐ **Hispanic** ☐ **Asian or Pacific Islander** ☐ **Black**
 ☐ **American Indian or Alaskan Native** ☐ **Other (specify)** _____
Sex (check one): ☐ **Male** ☐ **Female**

The government defines an individual with a disability as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2) has a record of such impairment; or 3) is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability? (y/n) _____

Certificate of Applicant and Authorization of Reference and/or Employment Verification: I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.

Signature: _____ **Date** _____

CONSENT TO MEDICAL TREATMENT

The Indiana State Fair Board and the Indiana State Fair Commission attempt to provide employment for all persons regardless of age where applicable laws permit. It is the policy of the Board and Commission to employ minors (children under the age of 18) in many departments of the Fair. In many instances, these children are provided dormitory and living areas on the Fairgrounds. Further, these children are often not accompanied by their parents or guardians during their stay at the Fairgrounds.

Should a child become seriously ill or injured, effective medical treatment may be delayed because there is no responsible parent or guardian available to provide consent, in person or by telephone, to treat the child as required by medical facilities. As a result, it is necessary to obtain your consent for medical treatment in the unlikely event that your child may become seriously ill or injured in order that she/he may receive prompt and appropriate medical attention and treatment.

We, therefore, ask you as a parent or legal guardian of the below listed individual to complete this Affidavit.

AFFIDAVIT OF PARENT OR GUARDIAN OF MINOR

I hereby acknowledge that _____ is employed by the Indiana State Fair Board and the Indiana State Fair Commission, and is considered a minor according to the appropriate Indiana statutes. As such, I give my consent to appropriate health care facilities and practitioners and hereby authorize necessary medical treatment be rendered to the above named individual should she/he become seriously ill or injured while in the employ of the Indiana State Fair Commission.

I certify that I am the parent or legal guardian for the above-mentioned employee*

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Emergency Telephone Numbers: _____